

ILLINOIS COMMERCE COMMISSION
 Illinois Underground Utility Facilities Damage Prevention Act
 Incident Report

Mail or Fax to: Underground Utility Investigator Illinois Commerce Commission 527 E. Capitol Avenue Springfield, IL 62701	Phone: FAX:	ICC USE ONLY Report No: _____ Case No: _____ Investigator: _____
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Provide the following information and include copies of any relevant photos, drawings, damage reports, etc.

INCIDENT DATE & TIME:	REPORT DATE:					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> REPORTER: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____ </td> <td style="width: 50%; vertical-align: top;"> Home No. _____ Work No. _____ Fax No. _____ Mobile No. _____ Pager No. _____ </td> </tr> <tr> <td style="vertical-align: top;"> EXCAVATOR: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____ </td> <td style="vertical-align: top;"> Home No. _____ Work No. _____ Fax No. _____ Mobile No. _____ Pager No. _____ </td> </tr> </table>			REPORTER: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Home No. _____ Work No. _____ Fax No. _____ Mobile No. _____ Pager No. _____	EXCAVATOR: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Home No. _____ Work No. _____ Fax No. _____ Mobile No. _____ Pager No. _____
REPORTER: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Home No. _____ Work No. _____ Fax No. _____ Mobile No. _____ Pager No. _____					
EXCAVATOR: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Home No. _____ Work No. _____ Fax No. _____ Mobile No. _____ Pager No. _____					
UTILITY OPERATOR: _____ LOCATE COMPANY: _____						
INCIDENT LOCATION: Address: _____ City/town: _____ County: _____	Please check one: Public Property: _____ Private Property: _____	Please check one: State ROW*: _____ City ROW: _____ County ROW: _____ *Right-of-Way				
UTILITY LINE IMPACT (Use separate form for each utility): Gas _____ Hazardous Liquids _____ Power _____ CATS _____ Telephone _____ Water/Sewer _____ Other _____ Material type: _____ Size(Diameter/Voltage/Pairs/Etc.): _____ Pressure(PSIG/Inches): _____ Utility Line Function (Service/Main/Primary/Secondary/Transmission/Feeder/Trunk/Drop/Fiber/Etc.): _____ No. Customers Affected: _____ Repair Cost: _____						
INCIDENT IMPACT: Injury – No. of Outpatient Care: _____ Injury – No. of Inpatient Care: _____ Fatalities: _____ Fire Department Response: Yes _____ No _____ Police Department Response: Yes _____ No _____ Other Property Impacted: _____ Other Property Repair Cost: _____						
EXCAVATION/DEMOLITION ACTIVITIES: JULIE Dig Number(s): _____ Mechanical Equipment/Hand Tool Involved: _____ Nature of Excavation or Demolition (Trenching, Plowing, Drilling, Boring, Etc.): _____						
INCIDENT CAUSE*: _____ *Please provide details on back.						

[illegible]

To accurately describe the damage to the facility, please include the following: (a) the direction of North, (b) the underground utilities, roads, fixed landmarks, etc., (c) the point of damage using distances to the landmarks, (d) the actual position of each paint mark or flag placed by the operator for the facility, and (e) the actual distances between the facility and the paint or flags.